

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: ENGINEERED INTERVERTEBRAL DISC
TISSUE
Attorney Docket Number:: 047940-0139
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Petition included?:: No
Licensed US Govt. Agency:: National Institutes of Health,
National Institute on Aging
Contract or Grant Numbers One:: 2-P50-AR39329, AG-04736
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity

Given Name:: Koichi
Family Name:: MASUDA
City of Residence:: Wilmette
State or Province of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 827 Lavergne Avenue
City of mailing address:: Wilmette
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60091

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Howard S.
Family Name:: AN
City of Residence:: Riverwood
State or Province of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 486 Somerset Hills Ct.
City of mailing address:: Riverwood
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status:: Full Capacity
Given Name:: Eugene J-M. A.
Family Name:: THONAR
City of Residence:: Lockport
State or Province of Illinois
Residence::
Country of Residence:: US
Street of mailing address:: 14503 S. Pheasant
City of mailing address:: Lockport
State or Province of mailing IL
address::
Postal or Zip Code of mailing 60441
address::

Correspondence Information

Correspondence Customer Number:: 23524
E-Mail address:: mkassel@foleylaw.com

Representative Information

Representative Customer	23524	
Number::		

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Rush-Presbyterian-St. Luke's Medical Center